Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009					Complete if Known					
					Application Number 10/521,040 Filing Date 8/16/2005				· · · · · · · · · · · · · · · · · · ·	
						 	H.J.T. Coelingh Bennink et al.			
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 180,00									et al.	
					Art Unit 1616 Attorney Docket 0470 - 050079					
	Atton	icy Docker	0470 - 0	30073						
METHOD OF PAYM		1		T T					20 A-41 -	
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information of information and authorization and authorization	n this form may	become public.	Credit card	information show	ıld not be included o	n this form. Pr	ovide credit	t card		
FEE CALCULATION			ie unon f	iling or may l	ne subject to a su	rcharge)	4			
1. BASIC FILING, S		The state of the s	OR MARRIED TO SPECIAL		e subject to a se	renarge.)				
	FILING			RCH FEES	EXAMINA	TION FEES				
A 32 42 700		mall Entity	307 (6)	Small Entity		mall Entity		_		
Application Type Utility	Fee (\$) 330	Fee (\$) 82	Fee (\$) 540	Fee (\$) 270	<u>Fee (\$)</u> 220	Fee (\$) 110		Fees P	<u>'aid (\$)</u>	
_										
Design	220	110	100	50	140	70		******************************		
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325			-	
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM I Fee Description	FEES							X 7 (6)	Small Entity	
Each claim over 20 (including Reissues)								Fee (\$) 52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)								220	20 110	
Multiple dependent cla	-	Ü	,					390	195	
Total Claims - 2	20 or HP	Extra Clai	<u>ms</u>	Fee (\$)	Fee Paid (\$)]	Multiple De	ependent Claims	
-		=	x	=				Fee (\$)	Fee Paid (\$)	
HP = highest number of	total claims paid	I for, if greater th	nan 20.							
Indep. Claims - 3	or HP	Extra Clai		Fee (\$)	Fee Paid (\$)					
HP = highest number of	indenendent clai			3						
3. APPLICATION SI	ZE FEE	. , ,								
If the specification	and drawing	s exceed 100	sheets of	paper (excludi	ng electronically	filed sequen	ce or com	puter listing	gs under	
See 35 U.S.C.	e)), the applica 41(a)(1)(G) a	ation size iee and 37 CFR 1.	aue is \$2. 16(s).	/U (\$135 for sr	nall entity) for ea	ch additiona	l 50 sheet	s or fraction	thereof.	
Total Sheets	Extra Sh				tional 50 or frac	tion thereo	f Fee	e (\$)	Fee Paid (\$)	
- 100	=	/ 50 =		(round	up to a whole num	iber)	·		****	
4. OTHER FEE(S) Fees Paid (S)										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement 180										
Other (e.g., late f	iling surcharg	ge): Suppleme	ntal Infor	mation Disclo	sure Statement				180	
SUBMITTED BY	1 /		-							
Signature	11/11	111	2		gistration No.	22,132	Telepho	one 41	2-471-8815	
	William		1	(A	ttorney/Agent)	44,134				
Name (Print/Type)	williagh E	I. Logsdon	-				Date	- Octobe	er 22, 2009	